MEDICAL PROVIDER	RULEMAKING COMMENTS 3rd 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
NETWORKS, DWC FORM 1 AND NOPE				
TORMITHE	I.			<u> </u>
General Comment	Commenter is mindful and appreciative of the changes the Division has made in the latest version of the proposed Medical Provider Network and Employee Information Regulations. The draft regulations are another part of the division's 12-point plan to re-craft regulations to streamline and relieve the administrative burdens and costs in California's workers' compensation system however there are still requirements in the draft regulations that are in direct conflict with the goal of this plan.	Joe Carresi Project Manager WC Division Southern California Edison Company May 19, 2010 Written Comment	Reject. Significant changes have been made to streamline the notice process and reduce the costs. All notices cannot be eliminated due to the need to ensure injured workers have sufficient information regarding their rights.	None.
9767.12	The proposed regulations require that the complete MPN notice be provided either in writing, or electronically, including email at work, to covered employees at the time of injury or when an employee with an existing injury is being transferred into the MPN. In addition, the complete notice is to be posted in English and Spanish in close proximity to the posting notice required by LC §9881. Commenter opines that the requirement to provide both written	Joe Carresi Project Manager WC Division Southern California Edison Company May 19, 2010 Written Comment	Reject. Just posting provides inconsistent notice to all covered employees. All notices except for the full employee notification given at time of injury have been reduced to a paragraph that can be sent electronically or on a paystub and have been limited in their distribution to further reduce administrative costs to not make them burdensome.	None.

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 3rd 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
Regulation Effective Date	and posted notices will add additional burden and cost to employers, especially large employers like Southern California Edison that have a considerable number of work locations in the state of California. Commenter strongly recommends that the Division either: (1) Delete the new requirement to post the multi-page complete MPN notice; or (2) Allow the notice to be provided in writing, electronically, OR posted. Commenter reiterates it prior suggestion that the effective date of these regulations be coordinated with the proposed pharmacy benefit network regulations. Revisions made to both sets of regulations should be considered when the DWC revises the Written Notice to New Employees and the Posting Notice. These regulations should not become effective for a minimum of 120 days after the date of adoption.	Joe Carresi Project Manager WC Division Southern California Edison Company May 19, 2010 Written Comment	Reject. It is not clear when and if the proposed pharmacy regulations will become permanent regulations. Employer and insurers will be given a reasonable period of time to make the required MPN regulatory changes to the employee poster and notice materials.	The proposed MPN regulatory changes will not go into effect until 60 days after the regulations are adopted.
General Comment on MPNs	Commenter would like to express her opposition against granting insurance carriers additional control over patients' selection of their physician. As a private citizen who works in	Nedi McKnight Allied Medical Group May 27, 2010 Written Comment	Reject. Comments are outside the scope of this rulemaking.	None.

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 3rd 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	healthcare, commenter is passionate about patients' rights and access to medical care. Commenter has worked with injured workers and the physicians who care for them in California since 1990. Currently, she works for Allied Medical Group, Inc., in the Scheduling Department. One of her duties is to manage applications for our physicians hoping to join the various Medical Provider Networks. While working in that capacity since the inception of the MPN system, it has been her observation that the physicians in our medical group are being systematically removed or deselected from many Medical Provider Networks.		Reject. Comments are outside the scope of this rulemaking.	None.
	The Medical Provider Networks for Travelers, Employers Comp, Macy's West, First Health Primary, Boeing, and the L.A.U.S.D. are just a few of the networks that have deselected or eliminated the physicians of Allied Medical Group. Commenter states that the Board			

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 3rd 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	Certified orthopaedic surgeons on staff at Allied Medical Group are extremely well qualified; all are fellowship trained in their respective specialties. More than that, they are compassionate physicians experienced in the treatment of injured workers. They fully understand the regulatory system governing their participation in the California workers' compensation system, including the utilization review procedure and proper application of the California MTUS and ACOEM treatment guidelines. Most are State of California Qualified Medical Examiners.		Reject. Comments are outside the scope of this rulemaking.	None.
	These same physicians have not been eliminated from Blue Cross, Aetna, CIGNA, Medicare or any other private insurance provider network. It is curious to her why employers and their carriers are allowed to exclude or deselect these well qualified physicians from workers' compensation Medical Provider Networks when no such exclusion or deselection has occurred in non-employer based networks. Certainly there should not be a discrepancy in			

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 3rd 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	the variety of well-qualified physicians provided to any patient, regardless of whether they have been injured at work or are seeking care on a private basis. Unfortunately, with the employer controlled Medical Provider Networks, this seems to be exactly what is happening. The physicians with whom commenter works have been repeatedly turned down from joining existing Medical Provider Networks. Some of the reasons they have been given are that the MPN is full for the geographical area, or that providers are not accepted without a nomination from an employer, adjuster or defense attorney. Both Medex and Wellpoint have declined their physicians due to lack of nomination.		Reject. Comments are outside the scope of this rulemaking.	None.
	It seems counterintuitive to empower an employer or claims person to control the nominations of physicians to their networks when these same physicians have otherwise met all California standards for licensure, have met all standards for inclusion in their respective specialty boards, and			

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 3rd 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	have continuously met the standards		Reject. Comments are outside	None.
	for care and treatment of injured workers within the California		the scope of this rulemaking.	
	workers' compensation arena. In			
	order to ensure that injured workers			
	have a variety of physicians with a			
	wide range of experience and points of			
	view, it is essential that a physician's			
	qualifications and actual record of care			
	stand as the only fair criteria for			
	nomination or acceptance to a Medical Provider Network. Allowing			
	employees of insurance companies to			
	act as non-biased judges of the quality			
	and scope of a physician's medical			
	performance has failed to provide			
	injured workers with access to many			
	well-qualified physicians who are kept			
	out of networks based on rationale that			
	has nothing to do with their ability to			
	offer outstanding care to injured workers.			
	workers.			
	Further, as they exist now, many			
	Medical Provider Networks do not			
	consider physicians with subspecialty			
	qualifications. Injured workers may			
	require an orthopaedic surgeon that			
	specializes in shoulder surgery or hand			
	surgery, and often their own treating			

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 3rd 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	physician may ultimately refer the injured worker to these subspecialists. It would be more efficient to allow these physicians to be considered for acceptance to the Medical Provider Networks based on their subspecialty qualifications from the onset. A good example is State Compensation Insurance Fund, who has declined requests from Dr. Khiem Dao, a Board Certified orthopaedic surgeon with a Certificate of Added Qualification in Hand Surgery, and from Dr. Juan Frisancho, a Board Certified orthopaedic surgeon who is fellowship trained in Adult Joint Reconstruction. Commenter strongly recommends reform of the current Medical Provider Network rules, to stop unfair practices by insurance carriers and employers that limit the access of injured workers to qualified, non-biased and experienced physicians		Reject. Comments are outside the scope of this rulemaking.	None.
9767.12(f)(3)	Current workflow processes require health management organizations (HMOs), preferred provider organizations (PPOs) and individual providers to report changes to the MPN administrator within specific	Kathleen Burrows Claims Operations Manager State Compensation Insurance Fund May 27, 2010	Reject.	None.

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 3rd 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	timeframes so the MPN administrator can update provider directories in a timely manner. The MPN administrator should be able to meet the 60-day timeframe for updating the provider directory as outlined in the proposed regulations when information regarding changes is provided directly by an HMO, a PPO or an individual provider. Issues could arise when provider listing inaccuracies are reported through other venues, such as injured covered employees. When a covered employee reports that a provider is deceased or is no longer treating workers' compensation patients, the MPN administrator must verify the accuracy of the reported information prior to updating the provider directory. Even if the MPN provider directory is updated monthly, the MPN administrator may not be able to meet the 60-day timeframe outlined in the proposed regulations if he or she is unable to verify the information timely.	Written Comment	The proposed regulatory 60-day time frame is a reasonably sufficient period of time for an MPN to verify whether a provider is available to treat workers' compensation patients. This time frame must be balanced against the compelling need for a worker to have timely access to MPN providers who can provide the necessary treatment.	None.

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 3rd 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
9767.16(b) and (c)	following revision: (3) How to reviewlisting is kept accurate. Each provider listing shall include a phone number and an email address for reporting of provider listing inaccuracies. If a listed provider becomes deceased or is no longer treating workers' compensation patients at the listed address the provider shall be taken off the provider list within 60 days of notice to the information being verified by the MPN network administrator; Sections 9767.16(b) and (c) are	Kathleen Burrows	Reject. The proposed regulatory 60-day time frame is a reasonably sufficient period of time for an MPN to verify whether a provider is available to treat workers' compensation patients. This time frame must be balanced against the compelling need for a worker to have timely access to MPN providers who can provide the necessary treatment. Reject.	None.
9707.10(b) and (c)	related. Section (b) indicates when an MPN change in coverage notice is needed, who is to receive this notice and what information is required in the notice. In Section (c), the DWC suggests language to meet the change of MPN coverage notice requirements. If an MPN Applicant is changing MPN coverage to a different MPN, providing the information required in Section 9767.16(b)(1) – (5) and using the language suggested in Section 9767.16(c) is appropriate; however, the requirements under Section	Claims Operations Manager State Compensation Insurance Fund May 27, 2010 Written Comment	Reject.	None.

MEDICAL PROVIDER NETWORKS, DWC	RULEMAKING COMMENTS 3rd 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
FORM 1 AND NOPE				
			T	1.7
	9767.16 are not appropriate when the		Reject.	None.
	change of MPN coverage is due to a			
	change in insurance carriers by the		The commenter is incorrect	
	insured employer.		that the change of MPN notice	
			does not apply when there is a	
	The proposed language in Section		change of MPN due to a	
	9767.16 (b) states that if an insured		change of insurers by	
	employer changes MPN coverage, the		employers.	
	new MPN Applicant must provide			
	written notification of the change to		Although an insured employer	
	every <u>injured</u> covered employee. By		cannot be an MPN Applicant,	
	definition, under Section 9767.1, an		an insured employer can still	
	insured employer cannot be an MPN		change from using one MPN to	
	Applicant; rather, the insured		another or terminate or cease	
	employer's insurance carrier is the		using an MPN. Thus, an	
	MPN Applicant. Consequently, an		insured employer's actions	
	insured employer cannot terminate,		can trigger the application of	
	cease use of, or change medical		the termination/cessation or	
	provider networks – the insured		change of MPN notice	
	employer can only change insurance		requirements.	
	carriers. Additionally, workers'			
	compensation claims filed under a		The commenter is also	
	policy year with one insurance carrier		incorrect that claims are not	
	are not transferred to the new		transferred to the new	
	insurance carrier when insurance		insurance carrier because	
	coverage changes. Since the new		sometimes they are.	
	MPN does not apply to a covered		Conversely, sometimes the old	
	employee who sustains an injury prior		MPN does continue to cover	
	to the MPN change, he or she will		claims that arose during the	
	continue to receive treatment under		period of coverage. Thus the	

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 3rd 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	the previous MPN coverage. Thus, change in MPN coverage notices from the new MPN Applicant to injured covered employees is unnecessary. The proposed language in Section		language proposed must be broad enough to encompass both situations. An employee's claims adjuster	None.
	9767.16(b)(3) states, "The worker should check with the worker's claims adjuster for more information." In addition, the proposed language provided by the DWC in Section 9767.16(c) indicates that the injured covered employee should, "Check with your claims adjuster." Since this information will only be provided to injured covered employees, it is reasonable to expect that the injured covered employee will contact the claims adjuster who was assigned to his or her claim with the former insurance carrier rather than the claims adjuster of the new insurance carrier/MPN Applicant. If an injured covered employee contacts his or her former claims adjuster, the adjuster may not be able to correctly or appropriately answer his or her questions, and this may lead to confusion.		should know whether or not the worker should be treating under the old or new MPN as they will need this information to handle the claim properly. Even if the claims adjuster is not clear, the worker can always contact the new MPN contact through the information provided on the change of MPN notice and the new MPN employee notification as needed to answer coverage questions.	

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 3rd 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	When the change of MPN coverage is due to the insured employer changing insurance carriers, commenter believes if an MPN coverage notice is required, it should be provided to all covered employees as outlined in Section 9767.12.		Reject. The proposed distinction does not make sense. To further reduce costs, the change of MPN notice will only be given to those workers who will be most affected, injured workers who will most probably need to use the new MPN.	None.
9767.16(b)	Commenter recommends amending the text in 9767.16(b) as follows: (b) If a MPN Applicant or insured employer is changing MPN coverage to a different MPN, the MPN Applicant that is providing the new MPN coverage shall ensure that every injured covered employee is provided written notice of the following information prior to the effective date of coverage under the that Applicant's MPN:	Kathleen Burrows Claims Operations Manager State Compensation Insurance Fund May 27, 2010 Written Comment	Reject. Change of MPN still occurs when an insured employer changes MPNs so notice should be given.	None.
9767.16(c)	If commenter's recommendation regarding Section 9767.16(b) is adopted, no changes to Section 9767.16(c) are required. If commenter's recommended change in Section 9767.16(b) is not adopted, State Fund recommends amending the	Kathleen Burrows Claims Operations Manager State Compensation Insurance Fund May 27, 2010 Written Comment	Reject. The change of MPN notice will only be given to those who will be most affected by the change, which are those workers who are already	None.

MEDICAL PROVIDER NETWORKS, DWC	RULEMAKING COMMENTS 3rd 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
FORM 1 AND NOPE				
	language as follows:		injured and need treatment through the MPN.	
	(c) The following language may be provided in writing to injured covered employees to give the required notice of the change of MPN coverage: "Unless you predesignated a physician or medical group prior to injury, your new work injuries arising on or after <insert date="" effective="" mpn="" new="" of=""> will be treated by providers in a new Medical Provider Network, <insert mpn="" name="" new="">. If you have an existing injury, you may be required to continue care under your prior MPN or you may be required to change to a provider in the new MPN. Check with your claims adjuster. For periods when you are not covered under a MPN, you may choose a physician 30 days after you've notified your employer of your injury. You may obtain more information at <insert (optional)="" address,="" an="" and="" contact="" email="" mpn="" number,="" phone="" website="">."</insert></insert></insert>			
9767.12(a)	Commenter notes the following language:	Mark E. Webb Vice President &	Accept.	None.

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 3rd 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	"An employer or insurer that offers a Medical Provider Network Plan under this article shall notify every covered employee in writing about the use of the Medical Provider Network prior to the implementation of an approved MPN"	Assistant General Counsel Pacific Compensation Insurance Company May 24, 2010 Written Comment	Accept. The commenter is correct that whenever a new insured employer uses its insurer's MPN, the MPN needs to be implemented for the new client employer, which requires notice be given.	
	Commenter opines that this seems to indicate that whenever an insurer writes new business, an implementation notice is required. Its seemingly clear meaning, however, is muddied a bit by the second sentence, which will be discussed more fully, <i>post</i> .			
	"and at the time of hire for new employees."			
	The next part of this sentence requires an implementation notice "at the time of hire for new hires." While it is reasonably clear that this part of the first sentence does not mean that a notice has to go out to all employees whenever there is a new hire, the change of "or" to "and" in this latest			

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 3rd 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	iteration lends itself to this potentially absurd interpretation. While normally commenter would not engage the Division in a discussion of absurdities, the Appeals Board has periodically engaged in such flights themselves (Ogilvie) and thus care should be taken not to invite the Board or individual WCJs to succumb to the temptation of excessive parsing to the detriment of the Division's efforts. Commenter strongly recommends that this first sentence be split into two, as they do address two separate issues: An employer or insurer that offers a Medical Provider Network Plan under this article shall notify every covered employee in writing about the use of the Medical Provider Network prior to the implementation of an approved MPN. An implementation notice shall also be provided to a new employee at the time of hire. "An implementation notice is not required if the employer or insured employer is changing from one MPN to another MPN within 60		Accept for clarity.	The sentence has been divided into two sentences for clarity.

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 3rd 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	days."			
	"Insured employer" is not defined in the MPN regulations. Furthermore, "MPN" is defined as, "any entity or group of providers approved as a Medical Provider Network by the Administrative Director." [8 CCR § 9767.1(a)(12)] Given the definitions in already existing regulations, the proposed regulation would seem to mean that an MPN implementation notice is required whenever an insured		"Insured employer" does not need to be defined. It is self explanatory and has the same meaning throughout the CA workers' compensation system.	None.
	employer changes insurance companies ["MPN Applicant" as defined in 8 CCR § 9767.1(a)(14)] but not when an insurer (MPN Applicant) changes networks (MPN) provided the change is "within 60 days". Limiting this sentence to the same insurer changing networks is the only way the current statutory and regulatory structure allows an "insured applicator" to change MPNs		The commenter is incorrect. The regulation requiring the implementation notice applies the same to insured employers and MPN Applicants.	None.
	employer" to change MPNs. This "within 60-days" requirement begs the question of "60 days from when?" This would seem to cover a situation where the insurer is changing MPNs within the policy year or as a		Reject. The proposed regulatory language is sufficiently clear. The time frame limits the situations in which an implementation	None.

MEDICAL	RULEMAKING COMMENTS	NAME OF PERSON/	RESPONSE	ACTION
PROVIDER	3rd 15 DAY COMMENT PERIOD	AFFILIATION		
NETWORKS, DWC FORM 1 AND NOPE				
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	condition of renewal. (See: Insurance		notice is required from when a	
	Code § 11664 re: timeframes for		change of MPN notice is	
	nonrenewal of policies). If that is the		required to further streamline	
	case, then the regulations should		the notice process. A change of	
	specifically say so. Regardless of the		MPN notice is required for	
	intent, however, this language appears		changes of MPNs within 60	
	to be counter-intuitive. Assuming the		days and an implementation	
	poster can be properly changed over a		notice is required for changes	
	weekend, is the Division really saying		to a new MPN after 60 days.	
	that an insurer (or self-insured		,	
	employer) can change networks on			
	Friday to be effective on the following			
	Monday without an implementation			
	notice but if an insurer changes			
	networks to be effective in more than			
	60 days a full implementation notice is			
	required? If that is the Division's			
	conclusion, then it speaks more to the			
	lack of need for the implementation			
	notice at all rather than the need to			
	limit its application. If this is indeed a			
	situation where an employer is <i>not</i>			
	changing insurance companies but			
	rather the insurance company is			
	changing MPN, it can reasonably be			
	asked why there is a timeframe at all?			
			Reject in part. Notice	None.
	As he has stated in prior comments to		distribution has been further	
	these regulations, the poster and the		reduced which lowers the	
	new hire letter required by Section		administrative costs.	

MEDICAL PROVIDER	RULEMAKING COMMENTS 3rd 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
NETWORKS, DWC				
FORM 1 AND NOPE				
			T	
	3551 are sufficient to place the			
	employee on notice of who to contact		Reject. Employees should	None.
	in the case of an injury and of the		receive individual notices to be	
	benefits and requirements of the		made aware of when they are	
	workers' compensation system. When		covered or not covered by an	
	the employee is injured, a timely		MPN as their right to select a	
	complete notice should be provided to		physician of their choice is	
	make certain there is no delay or		impacted.	
	refusal to provide benefits. Requiring			
	notices beyond that, however, adds			
	only to the cost and confusion of			
	implementing this program. There is a			
	fundamental difference between group			
	health benefits where the employee			
	needs to make many decisions			
	regarding the carrier, provider, amount			
	of financial participation (deductibles			
	and co-pays) and type of plan (PPO,			
	HMO, etc.) prior to enrollment and			
	workers' compensation medical			
	treatment where, unless the employee			
	pre-designates a physician, the			
	employee engages the system only if			
	and when there is an injury. The			
	notice provisions beyond the			
	requirements of Labor Code §§ 3550			
	and 3551 are costly, time consuming,			
	and likely irrelevant to the very			
	workers they are intended to aid –			
	except when the services are actually			

MEDICAL	RULEMAKING COMMENTS	NAME OF PERSON/	RESPONSE	ACTION
PROVIDER NETWORKS, DWC	3rd 15 DAY COMMENT PERIOD	AFFILIATION		
FORM 1 AND NOPE				
	accessed.			
	accessed.			
	Commenter again recommends that all initial notices – including posting the MPN Notice – be deleted and that the complete MPN notice be provided only upon injury.			
	"The MPN implementation notice shall be provided in English and also in Spanish to Spanish speaking employees."		Reject. The notices required are not provided by the Division.	None.
	Labor Code § 124, subdivision (b), states that, "Forms and notices required to be given to employees by the division shall be in English and Spanish." There is no reason to qualify that. The proposed regulation should simply state that the MPN implementation notice shall be provided in English and Spanish. There is no reason to qualify this language. Commenter recommends that it read: The MPN implementation notice shall be provided in English and Spanish.			
9767.12(a)	Commenter believes that the proposed	Stuart Baron, Esq.	Reject. The sentence is	None.

MEDICAL PROVIDER	RULEMAKING COMMENTS 3rd 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
NETWORKS, DWC FORM 1 AND NOPE				
FORM I AND NOTE	<u> </u>		<u> </u>	
	rule requires no need to do a full	Stuart Baron &	sufficiently clear and the issue	
	implementation notice by an employer	Associates	raised regarding modification	
	if the change is to be made within 60	May 28, 2010	concerns a different section,	
	days is clear. This works well since	Written Comment	9767.8.	
	most insured employers are getting			
	their MPN coverage through			
	an insurance company. It is not quite			
	so clear as to a self-insured employer			
	who is the one who carries the			
	license. There could be a situation			
	whereby the self-insured employer			
	changes TPAs but keeps his/her			
	current MPN in place. However, it			
	appears that the employer would have			
	to move for a modification of its			
	license if they make a significant			
	change to their program. An example			
	would be where the TPA is bringing in			
	a different vendor for the self-insured			
	employer to use. Commenter's			
	suggestion would be to break this			
	sentence up into two parts dealing			
	with each so there is no confusion.			
General Comments	Commenter enpresistes the	Brenda Ramirez	Agant	None.
General Comments	Commenter appreciates the	Claims and Medical	Accept.	None.
	improvements the Division has made in the latest iteration of section 9767.12.	Director		
		California Workers'		
	Particularly helpful are the changes			
	requiring the implementation notice to	Compensation Institute – CWCI		
	be provided prior to MPN	msutute – CwCl		

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 3rd 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	implementation instead of 14 days prior to the implementation; and clarifying that an implementation notice is not required when the employer or insured employer is changing from one MPN to another within 60 days. Commenter opines that these changes will eliminate unnecessary interruptions and delays in treatment for injured employees and result in lower premiums, medical costs and administrative expenses for employers and claims administrators.	May 28, 2010 Written Comment	Accept.	None.
	The Division proposes that the complete MPN notice be provided either in writing, or electronically, including by email at work, to covered employees at the time of injury or when an employee with an existing injury is being transferred into the MPN. In addition, the complete notice is also to be posted in English and Spanish in close proximity to the section 9881 notice. If the complete MPN notice is provided to covered employees at the time of injury or transfer into the MPN, it is unnecessary, duplicative and costly to also post it. Commenter urges the Division to either: 1) delete the new requirement to post the multi-page		Reject. Just posting provides inconsistent notice to all covered employees. All notices except for the full employee notification given at time of injury have been	None.

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 3rd 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	complete MPN notice; or 2) allow the notice to be provided in writing, electronically, or posted. Commenter recommends that the DWC/OAL consider instituting an "implement by date" for the changes in these regulations and notices as opposed to an "implementation on date" to permit some flexibility on when, for example, each employer in California must replace its section 9881/9881.1 notice to employees poster, section 9880 new hire pamphlets, DWC-1 claim form with revised NOPE, and the revised MPN notices. An "implement by date" will result in improved compliance and a smoother transition to the changed requirements.		reduced to a paragraph that can be sent electronically or on a paystub and have been limited in their distribution to further reduce administrative costs to not make them burdensome. Reject. The suggestion is not necessary. The effective date will be 60 days after adoption of the regulations. Employers or insurers can prepare for the changes as early as possible prior to the effective date.	None.
9767.12(a)	Commenter recommends the following revision: a) An employer or insurer that offers a Medical Provider Network Plan under this article shall ensure that notify every covered employee is notified in writing about the use of the Medical Provider Network prior to the implementation of an approved MPN and that every	Brenda Ramirez Claims and Medical Director California Workers' Compensation Institute – CWCI May 28, 2010 Written Comment	Reject. The suggested changes do not provide more clarity. Reject. Employers are already free to use a third party to	None.

MEDICAL PROVIDER NETWORKS, DWC FORM 1 AND NOPE	RULEMAKING COMMENTS 3rd 15 DAY COMMENT PERIOD	NAME OF PERSON/ AFFILIATION	RESPONSE	ACTION
	subsequently hired covered employee is notified in writing about the use of the Medical Provider Network at the time of hire for new employees. The An implementation notice is not required if the employer is changing from, or insured employer is changing being changed from one MPN to another MPN within 60 days. The MPN implementation notice shall be provided in English and also in Spanish to Spanish speaking employees who are not fluent in English. The written MPN implementation notice to all covered employees shall, at a minimum, include the following information:		distribute the notices but it is the employer who has the ultimate responsibility. The proposed regulatory language is self explanatory. The first sentence has been split into two sentences for clarity.	
	Discussion The first changes in the opening sentence are recommended to clarify that an employer or insurer is free to use an agent to notify covered employees and to make the language consistent with the "shall ensure" language in section 9767.12(f)(3) and elsewhere in these regulations. The other changes in the sentence are needed to clarify that after every covered employee has been given prior notice of MPN			

MEDICAL	RULEMAKING COMMENTS	NAME OF PERSON/	RESPONSE	ACTION
PROVIDER	3rd 15 DAY COMMENT PERIOD	AFFILIATION		
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	implementation, an employer or insurer			
	is required to provide additional			
	implementation notices to only			
	subsequently hired covered employees			
	at the time of hire.			
	Changing from "an" to "the" in the			
	second sentence will clarify that this			
	"implementation notice" is the written			
	notice alluded to in the first sentence.			
	An insured employer can change			
	insurers, but it cannot change MPNs			
	independently from its insurer. The			
	other recommended changes in this		Reject.	None.
	sentence will avoid confusion and			
	dispute over whether the language		It would be more burdensome	
	intends to newly allow a self-insured		for employers to determine	
	employer to unilaterally change MPNs.		which employees are Spanish	
			speakers but fluent in English.	
	An absurd but possible interpretation of		The proposed regulation	
	the current version is that a notice in		already requires that those who	
	Spanish must be provided to employees		are Spanish speakers get	
	whose first language is English but who		notices in both English and	
	have learned to speak Spanish. If the		Spanish so they would still	
	Division wishes to avoid confusion and		receive it in whichever	
	disputes over such an interpretation, it		language they are more fluent	
	can clarify here and elsewhere in these		in.	
	regulations that it is not necessary to			
	provide implementation notices in			
	Spanish to employees who are fluent in			

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	English.			
General Comment	Commenter believes that rather than simplifying the process, many of the proposed revisions in this Notice will create more confusion for both workers and employers/insurers. The receipt of prompt, appropriate medical care is one of the most important benefits a worker can receive following a work injury or illness, yet few workers have any idea how to obtain the necessary treatment. Workplace posters can provide help, but in reality few workers actually read those posters and in addition a large percentage of workers don't work in an office setting where these posters are available.	Adam Domchik President California Applicants' Attorneys Association – CAAA May 28, 2010 Written Comment	Reject. Workers will be receiving individual notices when most needed in addition to having the postings. Workers can always ask their employer if they have more questions. Workers will also be getting the information they need to use the MPN when they are injured and the information is more relevant to their immediate needs.	None.
	Consequently, the timely receipt of notices that provide an understandable explanation of benefits is critically important. Workers who understand their rights and obligations will be able to get treatment more promptly, which can help speed recovery and return to work, thereby limiting both medical and indemnity costs for the employer.		Agree. Timely notices are still required and workers will get information on how to use the MPN when they will need medical treatment.	None.

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	Although commenter agrees that workers may be confused by some current forms, commenter strongly disagrees that the solution to this problem is to "simplify" the forms by reducing the amount of information provided to workers. Eliminating crucial information from forms, as proposed in these changes, does not simplify the system for workers. Instead, the failure to provide necessary information only causes more confusion, more delays, more disputes, and more costs.			
9767.12(a)	One proposed change to this subsection eliminates the requirement that the implementation notice be provided to covered employees "at least 14 days" prior to the implementation of the MPN. Under this proposal, the employer or insurer may notify workers as little as one day prior to implementation of the MPN. This change could deprive the worker of the right to predesignate a personal physician, or to continue care with a treating physician under certain	Adam Domchik President California Applicants' Attorneys Association – CAAA May 28, 2010 Written Comment	Reject. Workers still have the right to predesignate even after an MPN is implemented as long as they predesignate before injury.	None.

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	designated circumstances.		Reject. The potential right to	None.
			continue care with an existing	
	Both the right to predesignate a		non-MPN physician can be	
	treating physician and the right to		applied at any time and is not	
	continuity of care with an existing		dictated by when an MPN is	
	treating physician are important		implemented but by the	
	protections built into the MPN statutes		medical conditions of the	
	by the Legislature. Allowing the		employee.	
	employer or insurer to notify workers			
	of the implementation of an MPN just			
	one day before that implementation			
	could, at best, delay the provision of			
	needed treatment; and, at worst,			
	deprive the worker of these rights.		Reject. The commenter is	None.
			confusing continuity of care	
	In previous letters commenter has		which applies when an MPN	
	urged the Division to revise the		physician is terminated from	
	implementation notice to include		the MPN with transfer of care,	
	information about the worker's right		which applies when an	
	to continuity of care. The point here,		employee wishes to continue	
	however, is that the process of		treating with a non-MPN	
	meeting the requirements set forth in		physician. Transfer of care as	
	Labor Code § 4616.2 can take weeks		well as continuity of care can	
	to complete (§9767.10 first requires		be applied at any time after an	
	notice to be sent to the worker and		MPN is implemented. The	
	then gives the treating physician 20		implementation of a new MPN	
	days to provide a report justifying		should not delay treatment.	
	continuation of care). If workers are		Also, workers are required to	
	notified of the implementation of an		be given notice of their right to	
	MPN with only one day notice, the		predesignate at time of hire, so	

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	inevitable result will be delayed treatment for some workers. Likewise, some workers who are notified of the implementation of an MPN may decide at that time to predesignate a treating physician, but the unavoidable delay in completing that process may deprive the worker of this important right should an injury occur in the interim.		they should have already been on notice of their right to predesignate since they were hired.	
	Commenter does not believe that it creates a problem or that it adds additional costs to employers/insurers for workers to be notified at least 14 days prior to the implementation of the MPN. While commenter would prefer that the original 30 day notice requirement be reinstated, he recommends that the Division retain at least the 14 day requirement from the previous version of these regulations.		Reject. There is no statutory requirement for a notice period prior to MPN implementation and does not prevent workers from exercising their rights to predesignation or transfer of care.	None.
	Another change in subdivision (a) adds a new sentence stating that an implementation notice is not required if the employer or insured employer is changing from one MPN to another MPN within 60 days. Commenter		Reject. The suggested	None.

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	believes that this change may cause confusion for employers/insurers. Under § 9767.16(b), if an employer or insurer changes to another MPN, all injured covered employees must be given notice as set forth in that section. However, some employers or insurers may believe that the new sentence in § 9767.12(a) relieves them of this responsibility. In order to clarify this potential confusion, we suggest that the new sentence in this subdivision be amended by adding the words "as required by this section" after the initial phrase "An implementation notice"		language does not provide more clarity.	
	Another change to subdivision (a) which requires that notices be provided in Spanish "to Spanish-speaking employees" conflicts with the statutory mandate in Labor Code section 124(b) to provide "forms and notices in Spanish and English." The statute is clear and unequivocal; all notices are required to be provided in <i>both</i> Spanish and English.		Reject. The notices required are not provided by the Division.	None.
	Furthermore, from a practical standpoint, how is a MPN Applicant going to know which employees are		Reject. If an employer is in doubt about which employees are Spanish speaking, the	None.

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9767.12(a)(3)	"Spanish-speaking?" And, in fact, with a significant portion of the workforce bilingual, what constitutes a "Spanish-speaking employee?" This provision will only create confusion and should be withdrawn. Similar changes in §§ 9767.12(d), 9767.12(g), 9767.16(a), and 9767.16(d) should also be deleted. In conformance with the statutory mandate, all notices should be required to be provided in <i>both</i> English and Spanish. This paragraph is a good example of	Adam Domchik	employer always has the option to distribute both English and Spanish to all employees. Reject. Because workers' cases	None.
9707.12(a)(3)	how the proposed language will provide workers with insufficient information to allow them to exercise their rights. As amended, this paragraph will inform workers "that existing work injuries may be transferred into the new MPN" and will tell workers to check with the claims adjuster for more information. Both of these provisions have major flaws. It is correct that following the	President California Applicants' Attorneys Association – CAAA May 28, 2010 Written Comment	are unique, the notice simply alerts workers generally to the possibility of the need for transfer of care and refers them to their claims adjusters for more specifics on their individual situations.	None.
	implementation of a MPN, a worker may transfer treatment of an existing injury to a physician within the MPN. However, the Legislature felt it was so		Reject. Commenter is incorrect. Labor Code section 4616.2 does not prevent	None.

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	important that some workers be allowed to continue care with their current treating physician that a separate statutory section, Labor Code § 4616.2, was adopted to set out the rules for continuity of care. Unfortunately, the Legislature's intent in adopting this protection for injured workers will be met only if workers receive notice of the continuity of care rules at the time a new MPN is implemented.		continuity of care from applying after a new MPN is implemented. In fact, the MPN needs to be implemented for a provider to be terminated from the MPN for continuity of care to apply.	
	Consequently, commenter recommends that this paragraph be amended to inform workers "That treatment for existing work injuries may be transferred into the new MPN, or, under certain circumstances, may continue to be provided by your current treating physician." The injured worker must be provided with sufficient information so that he/she can utilize the continuity of care protections built into the MPN statutes by the Legislature.		Reject. The proposed notice language states the possibility sufficiently clearly. Once the worker is injured and will use the MPN, they will be provided with the continuity of care policy as that is the time when they may need to use it. Also, a worker should receive a notice from the employer should continuity of care be triggered due to a termination of their provider.	None.
	In addition, informing workers that they may contact a claims adjuster for more information is unrealistic. Even		Reject. The jobs of claims adjusters are to be the source	None.

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	if it were possible for workers to easily reach claims adjusters – and this is simply not the case – it is grossly inefficient to set up a process under which claims adjusters are expected to serve as a basic information source for workers. That process can only add delay, add costs, and add frustrations to all parties. As recommended immediately below, commenter urges		of information and to assist workers with their workers' compensation claims. Reject. The implementation notice was streamlined to	None.
	the Division to reinstate the requirement that full contact information be provided to workers, including the internet website address of the MPN and the email address of the MPN contact.		differentiate it from the change of MPN notice and to not include the contact information so it can be widely distributed as a general alert to employees of their coverage under an MPN with limited need to tailor the notice.	
9767.12(a)(5)	Commenter objects to the changes in this paragraph. The proposed language deletes all references to contact information regarding the MPN, and instead proposes that the only source of contact information will be the workers' compensation poster or the employer. For a large number of workers these sources will be grossly inadequate.	Adam Domchik President California Applicants' Attorneys Association – CAAA May 28, 2010 Written Comment	Reject. The employee will get the MPN contact information when it is needed, at time of injury and when the MPN is changed if the worker is injured. Also, the posting should have the MPN contact information should the worker need it prior to injury.	None.
	Many employers, and smaller		Reject. All employers, irrespective of size, are	None.

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	employers in particular, have little or no information about the MPN used by their insurer. Consequently, telling the worker to contact his or her employer is often meaningless. Furthermore, as noted earlier, many workers do not work in an office setting. These workers may occasionally have access to a workplace where a poster is located, but generally do not. Thus, the real life consequence of omitting the contact information from the implementation notice will mean that many workers will have no source for contact information about the MPN. Commenter does not believe that it will add any costs to add the information included in the deleted language to the implementation notice, and we strongly urge that this proposed change be deleted and the paragraph be reinstated as in the previous version of these regulations.		required to find a way to post the workers' compensation poster and if they are able to meet this requirement, they should be able to include an MPN posting next to it. If the posting is properly posted with the required information, workers will have access to MPN contact information prior to injury.	
9767.12(b)	This subdivision provides language that may be used to implement the requirements as set forth in subdivision (a). Commenter recommends that the changes	Adam Domchik President California Applicants' Attorneys	Reject for the same reasons the proposed language was rejected for subsection (a).	None.

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9767.12(c)	described above to subsection (a) be incorporated in the language set forth in subdivision (b). Commenter recommends that the implementation notice be provided at least 14 (and preferably 30) days before implementation of an MPN, and that this requirement be incorporated in this subdivision also.	Association – CAAA May 28, 2010 Written Comment Adam Domchik President California Applicants' Attorneys Association – CAAA May 28, 2010 Written Comment	Reject. There is no statutory requirement for a notice period prior to MPN implementation and does not prevent workers from exercising their rights to predesignation or qualify for transfer of care.	None.
9797.12(f)(3)	Commenter believes that the second sentence of this paragraph is confusing and, although it has not been amended in this Notice, he urges the Division to consider revising the sentence to more clearly state its intent. The problem is that the sentence contains multiple clauses separated by the word "or." This convoluted sentence structure can present a problem in interpretation which can lead to disputes, adding unnecessary delay and costs to the system. In order to better implement the intent of this provision, and eliminate this problem, we suggest adoption of the following language in place of the	Adam Domchik President California Applicants' Attorneys Association – CAAA May 28, 2010 Written Comment	Accept for clarity	The sentence has been divided into two sentences as proposed. The sentence has been divided into two

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	second sentence of this paragraph:			proposed.
	"An employer or insurer shall ensure covered employees have access to, at minimum, a regional area listing of MPN providers, in addition to maintaining and making available its complete provider listing in writing. If the employee requests an electronic listing, it shall be provided electronically on a CD or on a website."			
9767.16(b)	Commenter previously commented on the potential confusion between this subdivision and the new sentence in § 9767.12(a). Commenter also believes that the change to this subdivision to make it applicable only to injured covered employees will create confusion among both employers/insurers and workers. One problem is that there is no definition of an "injured" worker. Who qualifies as an "injured" worker? All workers receiving treatment? All workers with an open claim? All workers with an order for future medical treatment?	Adam Domchik President California Applicants' Attorneys Association – CAAA May 28, 2010 Written Comment	Reject. The term, "injured worker" is self-explanatory and is used consistent with the use of the term within the rest of the workers' compensation system.	None.
	The ambiguity of this term will only create problems and add to costs for		Reject. All covered workers will be notified of the	None.

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	employers and insurers. With respect		implementation of a new MPN	
	to workers, <u>all</u> workers should be		through individual notice and	
	provided information about the MPN		through the posting. Only	
	from which they will be required to		injured workers, who will be	
	receive medical treatment. If the		most affected by the change of	
	employer or insurer changes that		MPNs, will receive the notice	
	MPN, all workers should be informed		of change of MPN to	
	of the change. Obtaining information		streamline the notice process.	
	about the authorized physicians in an		The MPN posting should	
	MPN can be critically important to a		always be available to provide	
	worker in determining whether or not		workers with MPN contact	
	to predesignate a treating physician.		information should they desire	
			more information.	